Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I          |   |   |                                       |                               |                       |                                  |           | SMALL ENTITY        |                        |           | OTHER THAN          |                        |
|-----------------------------------|---|---|---------------------------------------|-------------------------------|-----------------------|----------------------------------|-----------|---------------------|------------------------|-----------|---------------------|------------------------|
|                                   |   |   | (Column 1)                            |                               | (Column 2)            |                                  | Т         | TYPE                |                        | OR        | SMALL               | ENTITY                 |
| TOTAL CLAIMS                      |   | 47  |                                       |                               |                       |                                  | RATE      | FEE                 | ]                      | RATE      | FEE                 |                        |
| FOR                               |   | NUMBER FILED                              |                                       | NUMBER EXTRA                  |                       |                                  | BASIC FEE | 370.00              | OR                     | BASIC FEE | 740.00              |                        |
| TOTAL CHARGEABLE CLAIMS           |   |   | 42 minus 20=                          |                               | * 27                  |                                  |           | X\$ 9=              |                        | OR        | X\$18=              |                        |
| INDEPENDENT CLAIMS                |   |   | minus 3 =                             |                               | * 7                   |                                  |           | X42=                |                        | OR        | X84=                |                        |
| ML                                | ILTIPLE DEPEN   | IDENT CLAIM PI                            | RESENT                                |                               |                       |                                  |           | +140=               |                        | OR        | +280=               |                        |
| * If                              | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                       | olumn 2                          | L         | TOTAL               |                        | OR        | TOTAL               | •                      |
| CLAIMS AS AMENDED - PART II       |   |   |                                       |                               |                       |                                  |           |                     |                        |           | OTHER               |                        |
| (Column 1) (Column CLAIMS HIGHEST |   |   |                                       |                               |                       | (Column 3)                       | i _       | SMALL               |                        | OR        | SMALL               |                        |
| AMENDMENT A                       |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM                           | BER<br>OUSLY          | PRESENT<br>EXTRA                 |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                   | Total   | *   | Minus                                 | **                            | ÷                     | ;=                               | ,         | X\$ 9=              |                        | OR        | X\$18=              | , .                    |
|                                   | Independent   | * NTATION OF MU                           | Minus                                 | ***                           | CLAIM                 | =                                |           | X42=                | 8                      | OR        | X84=                | Y-                     |
|                                   | TINOT FRESE   | INTATION OF MIL                           | OLINCLE DE                            | LINDEN                        | CENTIVI               |                                  | ,         | +140=               |                        | OR        | +280=               |                        |
|                                   |   |   | *.                                    |                               | *                     |                                  |           | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|                                   | (Column 1) (Column 2) (Column 3)  |   |                                       |                               |                       |                                  |           | DDII. FEE           |                        |           | ADDIT. FEE          |                        |
| AMENDMENT B                       |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA                 |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                   | Total   | *   | Minus                                 | **                            |                       | = -                              |           | X\$ 9=              |                        | OR        | X\$18=              | ·                      |
|                                   | Independent   | *   | Minus                                 | ***                           |                       | =                                |           | X42=                |                        | OR        | X84=                |                        |
| L                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                               |                       |                                  | 1         | .140                |                        | 1         | 1300                |                        |
|                                   | ()  | L   | . •                                   |                               |                       | - ·,                             | L         | +140=               |                        | OR        | +280=               |                        |
|                                   |   |   |                                       |                               | 9.9.                  |                                  | Α         | TOTAL<br>DDIT. FEE  |                        | OR        | TOTAL<br>ADDIT. FEE | 1                      |
|                                   | · ·   | (Column 1)                                |                                       | (Colur                        |                       | (Column 3)                       |           |                     |                        |           |                     |                        |
| AMENDMENT C                       |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY          | PRESENT<br>EXTRA                 |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                   | Total   | *   | Minus                                 | **                            |                       | =                                |           | X\$ 9=              |                        | OR        | X\$18=              |                        |
|                                   | Independent   | *   | Minus                                 | ***                           |                       | =                                |           | X42=                |                        | OR        | X84=                |                        |
|                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                               |                       |                                  | <b>╿</b>  |                     |                        |           |                     |                        |
|                                   | f the enter to set  | mn 1 in lane there the                    | so ontor in col-                      | mn Oi                         | , "O" in and          | umn 3                            |           | +140=<br>TOTAL      |                        | OR        | +280=               |                        |
| **                                | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                                       |                               |                       |                                  |           |                     |                        | OR        | TOTAL<br>ADDIT: FEE |                        |
| . ***                             | it the "Highest Nu<br>The "Highest Nurr   | Imber Previously Painber Previously Pai   | aid For" IN THI<br>id For" (Total or  | IS SPACE<br>r Independ        | ent) is the           | n 3, enter "3."<br>highest numbe | er four   | nd in the app       | orópriate box          |           |                     |                        |